

**Questions and Answers
For Patients and Families
About the Regional Review Board Process**

1. What are the Regional Review Boards?

The purpose of the Regional Review Boards is to provide a quick review for specific urgent status patient registrations on the OPTN/UNOS heart and liver transplantation waiting lists. The Review Boards determine whether or not the patient listings are appropriate based on their review of clinical information only and in compliance with OPTN (Organ Procurement and Transplantation Network) policies. There are separate Boards that discuss registrations for each organ.

2. How are the Regional Review Boards comprised?

UNOS divides the country into 11 geographic regions. Two Review Boards exist in each region to monitor their respective region and respective organ – heart or liver. The regional breakdown of the country is as follows:

Region 1 – Connecticut, Maine, Massachusetts, New Hampshire, and Rhode Island

Region 2 – Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, New Jersey, and West Virginia

Region 3 – Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, and Puerto Rico

Region 4 – Oklahoma, Texas

Region 5 – Arizona, California, Nevada, New Mexico, and Utah

Region 6 – Alaska, Hawaii, Idaho, Montana, Oregon, and Washington

Region 7 – Illinois, Minnesota, North Dakota, South Dakota, and Wisconsin

Region 8 – Colorado, Iowa, Kansas, Missouri, Nebraska, and Wyoming

Region 9 – New York and Vermont

Region 10 – Indiana, Ohio, and Michigan

Region 11 – Kentucky, North Carolina, South Carolina, Tennessee, and Virginia

3. Who may serve on the Regional Review Boards?

Typically Regional Review Boards are made up of transplant surgeons, physicians, and transplant coordinators however, health care providers outside of the transplant field as well as non-medical (public) representatives are also eligible to serve. Non-transplant representatives should be familiar with transplant issues. Suggested sources for these representatives include medical ethicists, public servants involved in health care policy, clergy, recipients, and donor family members. Individuals with previous OPTN/UNOS committee experience are also excellent candidates for Review Board members.

4. How many members are on a Regional Review Board, and how long do they serve on the Board?

Each region is responsible for determining the number of representatives, how often the members rotate off the Board, and the role of the Chair. For example some regions choose to have a voting chair while other regions choose to have a non-voting chair that votes only when the Review Board members do not reach a majority decision on the case they are reviewing. Each Review Board must have a minimum of three members and each transplant program should have representation. Larger boards often make it more

difficult for all of its members to review cases in a timely manner, so often membership rotates to maintain a functional size and allow each program to have a representative on the board at one time or another.

5. How does the review process work?

When patients are listed on the heart and liver transplantation lists, OPTN policy states patients must meet certain medical conditions to be listed. Depending on the severity the patient's condition, the patient is placed on the list at a set Status level. The Status levels, also set by OPTN policy, assists in assigning priority to the sickest patients. The Heart Candidate rankings are status 1A, 1B, 2, and 7. Status 1A patients have typically been admitted to a hospital and have a life expectancy of 1 week for adults and 2 weeks for children. Liver candidates are ranked as Status 1 or are given a MELD/ PELD score. Status 1 Liver Candidates are similar to Status 1 Heart Candidates in the fact that they both have a life expectancy of 1 week. Those liver candidates who do not qualify for a Status 1 listing are given a MELD or PELD score. MELD scores are granted to adults, while PELD scores are granted to children. The MELD/PELD systems of liver sharing are based on patient laboratory values that are entered into an equation to produce a score that indicates the patient's chance of survival without a transplant over a three-month period. MELD scores range from 6 (less ill) to 40 (gravely ill) and PELD scores range from -99 (less ill) to +99 (gravely ill). Status 1 candidates are given first priority to organs, because they are most likely to die in a short time without transplant. The sickest children who are not Status 1 candidates are generally listed next, followed by the sickest adults who are not Status 1 candidates. The Regional Review Boards examine the patient's condition to determine whether or not that patient's condition meets one or some of the conditions set forth in policy.

Each Board member votes on the listing. They have the option to approve the listing, deny the listing, or not vote at all. A decision on the listing is rendered when a majority of Board members have voted.

- The Boards do not review all listings because policy dictates that if certain conditions occur then the patient will automatically be placed on the respective transplant list at a certain Status.
If the Board approves the listing, the patient may remain on the waiting list at the specified status for that listing's specified amount of time unless there is a clinical change that would require a different listing.
- If the Board denies the listing, the transplant center has the option of appealing the listing to the Board, downgrading the patient to a lower Status, or appealing to the national OPTN/UNOS organ specific committee.
- If the Board reaches a tie vote causing the listing to be undetermined, the listing center's options will be the same as if the listing was denied. However once a patient is approved on the waitlist, the listing center is required to relist the patient according to the policy for each organ. The Review Boards are required to examine those listings as well.

6. How is the review process carried out, and what are the time limits?

Currently the Thoracic Review Board communicates by phone and the process is conducted in a paper format through fax. The Liver Review Board communicates by phone, fax, and by e-mail. Eventually, the entire review process will be done by e-mail.

In the case that a majority vote has not been reached by the Regional Review Board, online liver cases (HCC/MELD/PELD Exceptions) close 21 days after the initial application date. The time restriction to complete the paper review process (All Thoracic Cases and Status 1 Liver Cases) is different with each case and depends on the time that the forms are filled out submitted as well as whether or not the Board members have the opportunity to respond. There is no set time limit to close out paper cases.

7. How can I find more information about UNOS?

OPTN/UNOS Policies

<http://www.unos.org/policiesandbylaws/policies.asp?resources=true>

UNOS Bylaws

<http://www.unos.org/policiesandbylaws/bylaws.asp?resources=true>

Patient Services

<http://www.unos.org/whatWeDo/patientServices.asp>

UNOS Mailing Address and Contact Information

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